Medical Policy

Mechanical In-Exsufflation Devices (Cough Assist)

Description

A mechanical in-exsufflation device is designed to slowly inflate the lungs with positive pressure during inspiration and simulate cough with rapidly applied negative pressure during expiration. It is used by individuals who have difficulty in clearing secretions from their airways due to a neuromuscular disease or injury.

Policy

Mechanical in-exsufflation devices are considered **reasonable and necessary** when a member requires assistance for airway clearance secondary to a neuromuscular disease or injury.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the member's treating practitioner.
2. Mechanical in-exsufflation devices (E0482) are covered for members who meet all of the following criteria;
    a. They have a neuromuscular disease (refer to ICD-10 section), and
    b. This condition is causing a significant impairment to chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions.

Limitations:

1. If both of the criteria above are not met, the claim will be considered not reasonable and necessary.

ICD-10 Codes that Support Medical Necessity
Group 1
For HCPCS Codes E0482, A7020:

ICD-10 Code	Description
B91	Sequelae of poliomyelitis
E74.02	Pompe disease

E74.05	Lysosome-associated membrane protein 2 [LAMP2] deficiency
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Post-polio syndrome
G35	Multiple sclerosis
G70.01	Myasthenia gravis with (acute) exacerbation
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.038	Other limb girdle muscular dystrophy

G71.039	Limb girdle muscular dystrophy, unspecified
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G72.41	Inclusion body myositis [IBM]
G80.0	Spastic quadriplegic cerebral palsy
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: All ICD-10 codes that are not specified in the previous section.

HCPCS Level II Codes and Description

E0482	Cough stimulating device, alternating positive and negative airway pressure
A7020	Interface for cough stimulating device, includes all components, replacement only

Coding Guidelines

The A7020 (Interface for cough stimulating device, includes all components, replacement only) is for replacement only. It must not be billed at the time of initial issue.

Code E0467 (Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions)

describes a ventilator that integrates the function of multiple types of equipment into a single device.

Code E0467 combines the function of a ventilator with those of any combination or all of the following:

- Oxygen equipment
- Nebulizer and compressor
- Aspirator (suction device)
- Cough stimulator (multiple products)
- Positive airway pressure devices (PAP and RAD)
- Custom fabricated oral appliances

The following mechanical in-exsufflation HCPCS codes for individual items are included in the functionality of code E0467:

- HCPCS codes E0482 and A7020

Claims for any of the HCPCS codes listed above that are submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.
In addition, any claim for repair (HCPCS code K0739 for labor and any HCPCS code for replacement items) of member-owned equipment identified by HCPCS codes listed above is considered as unbundling if the date(s) of service for the repair overlaps any date(s) of service for code E0467.

Claims for code E0467 with a date(s) of service that overlaps date(s) of service for any of the following scenarios are considered as a claim for same or similar equipment when the member:

- Is currently in a rental month for any of the items listed above
- Owns any of the equipment listed above that has not reached the end of its reasonable useful lifetime.

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six-month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items.

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The documentation must describe a medical condition for which the DME is being prescribed.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner connection with diagnosis and treatment decisions.

Northwood follows all CMS National coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents. Accessed December 1, 2022

2. CGS Administrators, LLC. Mechanical In-exsufflation Devices. Local Coverage Determination No. L33795. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction B; Last accessed/reviewed December 02, 2024.

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4. Chatwin M, Ross E, Hart N, Nickol AH, Polkey Mi, Simonds AK. Cough augmentation with mechanical insufflation/exsufflation in patients with neuromuscular weakness. Eur Respir J. 2003 Mar;21(3):502-8.

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8. Miske LJ, Hickey EM, Kolb SM, Weiner DJ, Panitch HB. Use of the mechanical inexsufflator in pediatric patients with neuromuscular disease and impaired cough. Chest. 2004;125:1406-12.

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11. Winck JC, Gonçalves MR, Lourenço C, Viana P, Almeida J, Bach JR. Effects of mechanical insufflation-exsufflation on respiratory parameters for patients with chronic airway secretion encumbrance. Chest. 2004 Sep;126(3).

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	July2007	DMERC references removed if noted in policy.	Susan Glomb	Ken Fasse		
02		Annual Review / no revisions	Susan Glomb	Ken Fasse	Dec.2008	
03	12-22-09	Annual Review/ No changes	Susan Glomb	Ken Fasse	Dec. 2009	
04	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-16-11	Annual Review. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	12-3-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri		

10	12-9-15	Annual Review. Updated policy with ICD-10 codes also added Medicare references from LCD and Policy article	Susan Glomb	Dr. B. Almasri		
11	12-05-16	Annual Review. Updated Medicare Reference name.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12-15-17	Annual Review. Added new ICD-10 codes that support medical necessity.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
13	12-7-18	Annual review. ICD-10 Code G71.0 due to annual ICD-10 code updates. Added: New expanded ICD-10 codes for those removed G71.00-G71.09.	Carol Dimech	Dr. C. Lerchin	December 2018	
14	12-13-19	Annual review. Added ICD-10 codes E74.02 and G70.01. Added coding guidelines for E0467.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
15	12-10-20	Annual review. Per CMS, changed "ordering physician" to treating practitioner"; added IDC-10 codes G71.20, G71.21, G71.220, G71.228, G71.29 to Group 1 codes, due to annual ICD-10 code updates; removed G71.2.	Carol Dimech	Dr. C. Lerchin	December 10, 2020	December 10, 2020
16	12-14-21	Annual Review. Added "NCD/LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 14, 2021	
17	12-01-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 1, 2022	December 2022

18	12-6-23	Annual review. Per CMS, added ICD-10 codes E74.05, G80.0, G71.031, G71.032, G71.033, G71.0340, G71.0341, G71.0342, G71.0349, G71.035, G71.038, G71.039 to Group 1 codes.	Carol Dimech	Dr. C. Lerchin	December 6, 2023	December 6, 2023
19	12-02-24	Annual review. No changes	Susan Glomb	Dr. C. Lerchin	December 2, 2024	December 2,2024